

FATHER'S ROLES ON THE EXCLUSIVE BREASTFEEDING PRACTICE

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Abstract

Background: Exclusive breastfeeding is the best way feed infant aged 0-6 months. Various factors influence breastfeeding practice, include father's role factors. This study aimed to describe father's roles and its association to breastfeeding practices.

Method: Method used in this study was survey with cross sectional approach. The sample were 80 couples who had 0-6 month aged baby lived in the service area of Ngesrep subdistrict in February 2012 using pusposive sampling technique. Data were analyzed descriptively using chi-square statistical test.

Result: The result showed among mothers with exclusive breastfeeding practice, about 80% father did support their wife. Father's role were significantly associated to exclusive breastfeeding practices ($p=0.0001$). It was also influenced by medical support ($p=0.042$), grand mother and peer support ($p=0.0001$), and non-working mothers ($p=0.049$).

Conclusion: Fathers who did role supporting mothers to practice exclusive breastfeeding, improve its success. However, medical support, grand mother and peer support, and mother's occupation are confounding variable for this.

Keywords: exclusive breastfeeding, father, father's role

1. Introduction

Since 2002 the WHO-UNICEF states that exclusive breastfeeding for the first 6 months is the best way to feed a baby.¹ However, until now exclusive breastfeeding practice is rarely performed according to the recommendations and even tended to decrease from year to year. The data show, based on the results of Indonesia Demographic Health Survey (IDHS) 2002-2003 practice of exclusive breastfeeding at 39.5%, the results obtained in 2007 IDHS exclusive breastfeeding practice decreased to 32% and based on the results of Health Research (Riskesdas) in 2010, the practice of exclusive breastfeeding in Indonesia decreased alot at 15.3%.^{2,3} Exclusive breastfeeding is well known for the benefit to infants's health and optimization of development, benefit for Mother's health and economic benefits.^{4,5} The Indonesian government has given support to improve practice of exclusive breastfeeding since 2004 with the Decree of the Minister of Health of the Republic of Indonesia number 450/Menkes/SK/IV/2004.⁶ However, it doesn't enough to help improving exclusive breastfeeding practice for 6 months. Various factors has been associated exclusive breastfeeding practices, among of those are implementation of Early Initiation of Breastfeeding, the promotion of exclusive breastfeeding/infant formula by health profesional, the support from health care facilities, support from family and peer, and especially her husband.^{5,7-10}

The role of the husband or father of the baby at this time, was more elaborated since some studies said that the breastfeeding relationship is seen not only between mothers and infants, but is a triad relationship of mother, baby, and father.^{9,10}

Prior studies show there are relationship between father's level of knowledge and attitudes about breastfeeding and exclusive breastfeeding practice. Mothers who

had longer duration of exclusively breastfeeding, her husband has a good level of knowledge and a great attitude as well.^{11,12} Emotional, practical and physical support from father, is necessary to increase the success of exclusive breastfeeding.¹³ Furthermore, Febrihartanty in qualitative studies in urban areas of Jakarta, stated that father have had play an importance role in the mother's exclusive breastfeeding practice. Father's roles are grouped into 6 main role that thought to be associated with exclusive breastfeeding practice.¹⁴ Through this study, researcher wanted to see how father's role in exclusive breastfeeding practice and how those practices, that were known relevant to breastfeeding could influence exclusive breastfeeding practice, especially in the middle socioeconomic population in the city of Semarang, which is at the Puskesmas Ngesrep.

2. Research Method

Method used in this research was survey, with descriptive correlative and Cross Sectional approach. Samples taken in this study was 80 couples who had a 0-6 month aged baby in the service area of Ngesrep Primary Health Care, Semarang city from 143 couples in population in January-February 2012. Method used was non-probability sampling with purposive sampling at *Posyandu* that had the highest number of babies 0-6 months, divided into 5 *Posyandu* units in the Sumurboto, 3 in Ngesrep and 3 in Tinjomoyo. All respondents of this study have met the inclusion criteria, as follows: 1) Mother breastfed her babies; 2) Mother lived at the same house with baby and husband; 3) Mother is not in a state of disease that was breastfeeding's contraindication (tuberculosis, cardiac disease, and HIV-AIDS, etc.); 4) Normal babies, without congenital abnormalities; 5) Babies are not premature and low birth weight; and 6) the couple is willing to be a respondents in this study.

The instrument used in this study was a questionnaire based on a literature review. Information of characteristics of the respondents (baby, mother and father), family characteristics, breastfeeding practices and confounding variables (support health workers, grandmother and friend support, information about exclusive breastfeeding) was obtained from interviews with mothers. Mothers who said give only breast milk to her baby aged 0-6 months in the past 24 hours, from birth to time of the research and the baby does not get liquids or other solids before breast-fed was categorized as exclusive breastfeed. Support grandmother and friend in this study was mother who obtained support for breastfeeding in the form of suggestions to the mother. Medical support in this study was mother who obtained the support from health professionals to give breast milk in the form of suggestions through counseling during pregnancy, childbirth, postpartum and prelacteal feeding practices in infants. Exposure to information of exclusive breastfeeding means mother have exposed to information about exclusive breastfeeding in mass media such as newspapers, magazines, Internet, and books on exclusive breastfeeding. Information about father's role was obtained by interview with the father.

Father's roles means the practices carried out by a father which were performed during pregnancy, childbirth and lactation, that are associated with exclusive breastfeeding practiced by mothers, include: 1) The role of seek information about infant feeding; 2) The involvement of decision-making about infant feeding; 3) Engagement in labor; 4) Positive attitude towards marriage, and 5) Involvement in various activity of child care. The questionnaire has been tested through a valid and reliable test questionnaires to the respondents with the same criteria in the research area. The data is then displayed in form of cross-tabulation and Chi-Square test were used to find the correlation between variables, using 5% significance level.

3. Result and Analysis

3.1 Characteristics of Respondents

The age of youngest mothers in this study was 17 years old and the oldest was 43 years. Based on table 1, the whole mother was literate and the majority of them have completed primary education which is high school graduates (55%). Most mothers did not work (60%), and a mother who worked mostly in the private sector as employees (26.2%). Youngest paternal age in this study was 20 years old and the oldest was 43 years. The whole father also literate and the majority have completed primary education which is high school graduates (66.2%). The whole father worked, and most of them work on the private sector as employees (48.8%). Others (13.8%) was informal sector workers, such as laborers, and the driver.

The most babies in this study was at 3-4 months aged (41.2%) and most were female (55.0%). Most couples live with grandma, grandpa, aunts and uncles of baby, so they were lived in extended families (72.5%). Family income was in the range of at most Rp 500.000 - Rp 1.000.000 (37.5%). Most of family income of more than Rp 1.000.000. By education level and family income level then respondents categorized as sosio-economic middle class.

Tabel 1. Characteristic of Respondents (n=80)

Characteristic of Respondents	Number	Percentage (%)
Mother		
a. Educational		
Elementary School	8	10.00
Junior Highschool	7	8.80
Senior Highschool	44	55.00
Diploma/University degree	21	26.20
b. Occupation		
Not working	48	60.00
Civil Cervants	1	1.20
Interpreneur	10	12.50
Employee	21	26.20
Others	0	0
Father		
a. Educational		
Elementary School	6	7.50
Junior Highschool	1	1.20
Senior Highschool	53	66.20
Diploma/University degree	20	25.00
b. Occupation		
Not working	0	0
Civil Cervants	9	11.20
Interpreneur	21	26.20
Employee	39	48.80
Others	11	13.80
Baby		
a. Age (Month)		
0-2	23	28.80
3-4	33	41.20
5-6	24	30.00
b. Sex		
Female	44	55.00
Male	36	45.00
Family		
a. Family income		
≤ Rp 500.000	6	7.50
Rp 500.000 - Rp 1.000.000	30	37.50
Rp 1.000.000 – Rp 2.000.000	22	27.50
≥ Rp 2.000.000	22	27.50
b. Family's Characteristic		
Nucleus family	22	27.50
Extended family	58	72.50

3.2 Exclusive Breastfeeding Practice

Exclusive breastfeeding is feeding practices for infants begins at birth due to time of research carried out, include of this is practice of breastfeeding initiation, prelakteal feeding practices, and the practice of exclusive breastfeeding until 6 month. Based on Table 2 most mothers initiate breastfeeding in less than 1 hour (68.8%). Most of the infants in this study did not receive any food prelakteal before obtaining breast milk (66.2%). However there are 33.8% of the infants who received prelakteal foods such as formulas and sugar water before get breastfeed. Prelakteal feeding is mostly done by family and mostly with the approval of their doctor/ midwife/nurse in the health service.

Tabel 2. Exclusive Breastfeeding Practice

Exclusive Breastfeeding Practice	Number(n=80) (person)	Percentage (%)
Time initiation		
≤ 1 hour	55	68.80
>1 hour	25	31.20
Prelacteal Feeding		
No Prelacteal feeding	53	66.20
Formula	26	32.50
Sugar water	1	1.30
Breastfeeding practice (past 24 hours)		
Exclusive breastfeeding	31	38.80
Non exclusive breastfeeding	49	61.20

Percentage of exclusive breastfeeding presented in this study using two definitions to analyze the differences in the use of these definitions. Results are shown using the WHO's definition as in the practice of breastfeeding in the past 24 hours the percentage obtained exclusive breastfeeding is at 38.8%, when using the definition of breastfeeding in the past 24 hours, from birth until now, and do not get prelacteal food, as used in Riskesdas, the percentage of exclusive breastfeeding were at 31.2%, so there is a 7.6% differences. It shows that there are 7.6% of infants were failed to exclusively breastfed because prelacteal fed. The more dominant role in a few hours after birth is from health profesional. Practices of health profesional that support exclusive breastfeeding, such as food deprivation prelacteal, doing rooming in, so can mothers breastfeed more often, and also provide counseling on exclusive breastfeeding and breastfeeding techniques, can help mother to successfully deliver exclusive breastfeeding.¹⁴

3.3 Father's roles

Father's roles to support breastfeeding have been started from pregnancy, childbirth, breastfeeding till it lasts. Those father's role include role of seeking information about infant feeding, involvement in decision making to feed children, engaged in labor, have a positive attitude in marriage, and involved in various activities of child care. Father performed a variety of roles are described in Table 3.

The role of seek information was conducted by 16.2% father. Seeking information about breastfeeding is the basic role that should be done by the father's in order know about breastfeeding so he can support mothers breastfeed exclusively.¹⁴ But in contrary this was the most rare roles done by father. A total of 55% of fathers knew that breast milk is the best food for babies 0-6 months aged, and the information was largely derived from an ancestor or relative (family) (51.2%) and health profesional (25%). But only 22.5% father then tried to find information about breastfeeding to get a better knowledge about it. Thats shows, most of the father passive in seeking of information about breastfeeding. Families and health profesional who was father's resources of information, if they were not support exclusive breastfeeding and gave wrong information about it, would lead father have a wrong perception about breastfeeding.

The role involved in decision-making of infant's feeding was done by 23.8% father. Based on the theory, fathers played a major role in decisions-making about family and domestic affairs. Father usually had an authority on various aspects of family life including intra-household aspects.¹⁵ However, the

results from this study was deference. Mothers is a person in charge at everything related to child care. In accordance with previous studies, most of the fathers said that for the child's care father handed over responsibility to mother.¹⁴ Mother considered already knew how to take care an infants, and gave them a good meal, especially if they were not the first child.

Tabel 3. Father's role on the exclusive breastfeeding practice

Father's role Ayah	Yes (n)	Percentage (%)	No (n)	Percentage (%)
Role of seeking information				
Right perception about breastfeed	44	55.0	36	45.0
Seeking information about breastfeed	18	22.5	62	77.5
Role involved in decision-making of infant's feeding				
Involved in decision making	35	43.8	45	56.2
Giving correct advise	32	40.0	48	60.0
Role involved in delivery process				
Selection of delivery place	47	58.8	33	41.2
Enganged in labor	26	32.5	54	67.5
Knowledge about Early Initiation	27	33.8	53	66.2
Having positive attitude in marriage				
Accompany in ANC	58	72.5	22	27.5
Enter the examination room	46	57.5	34	42.5
Accompanying if the baby cries at night	57	71.2	23	28.8
Efforts of swittning breastfeeding	60	75.0	20	25.0
Afection to the mother when she doing breastfeed	53	66.2	27	33.8
The division of household task	51	63.8	29	36.2
Roles involved at child care				
Daily baby care	62	77.5	18	22.5
Nurturing baby	62	77.5	18	22.5

The role involved in the delivery process was done by 40% of fathers. This study shows, only 32.5% the father who accompanied the birth process. Various reasons were explain to their absence in delivery process, such as take care the sisters or brothers, have another job at that time, and even some father said that the they did not want to, afraid or shame. However, important to be noted that 44.4% of fathers who did not accompany mother in delivery process was because banned by health workers. This is the contrary, health workers should guide father to raises his role as father through delivery process, in addition, they also should know better the benefits of a father's presence in the delivery process than others.

The most role performed by fathers were involved in child care and had a positive attitude to marriage. Previous studies about the role of the father, this two roles were also a common role performed by father.¹⁴ A positive attitude to marriage was shown by the concern for the mother and baby, as well as good cooperation between mom and dad. The quality of the marital relationship was an important predictor of the success of breastfeeding.¹⁶ Prior study stated that a positive attitude to marriage was significantly associated with exclusive breastfeeding.¹⁴ Most of the fathers in the study had performed well this role. But there was still a 30% fathers who did not. Most couples assumed that the division of household tasks was clear that father as the wage earner, and a mother as a care taker. It shows that there were some families that are culturally had a straight division of task domain between men and women.¹⁴

Each of these roles did by fathers then categorized into support and do not support exclusive breastfeeding. Total roles performed by the father can be described in the following.

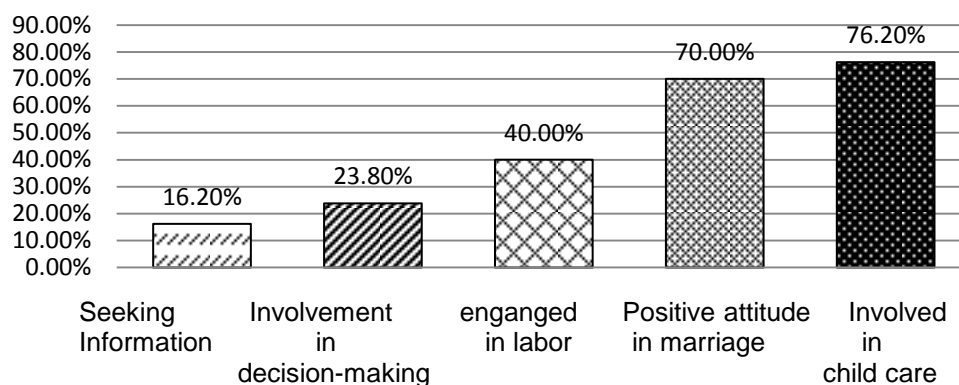


Figure 1. Father's role on the exclusive breastfeeding practice

3.4 Father's role on the exclusive breastfeeding practice

Overall, the majority of fathers did not perform roles that support exclusive breastfeeding practice. Only 42% of fathers who did support. Table 4 shows the percentage of mothers who exclusively breastfed was higher in the group of fathers who did supporting roles, than not, that is 58.8% compared to 10.9%, and vice versa. Bivariate analysis found a significant association between father's role with exclusive breastfeeding practice ($p = 0.0001$).

Tabel 4. Cross tabulation of exclusive breastfeeding practice based on father's role

Father's role	Non exclusive breastfeeding		exclusive breastfeeding		Total	
	Number	Percentage (%)	Number	Percentage (%)	(n)	(%)
Not support	41	89.1	5	10.9	46	100
Support	14	41.2	20	58.8	34	100

($\chi^2 = 20.925$, $p = 0.0001$)

This result is consistent with prior study which states that fathers play a role through participating in decision-making about breastfeeding, provide help when breastfeeding initiation, duration of breast-feeding and a risk factor for formula feeding.^{10,14,16} In tripartid breastfeeding relationship, the father plays an important role. Father identified as most importance persons who can give encouragement and support for breastfeeding, after the spirit from baby itself.¹³

Father who did not sure of the milk produced is sufficient enough meet the needs of babies and didn't understand and perceive babies'cry as sign of hunger, finally advised mother to give formula as supplement. Mothers who dread to husband's commands could immediately follow the husband's suggestions, so finally mother gave formula as supplement.⁸ In this study suggests, some respondents who father did not support breastfeeding practice,

at the time of the study had not been breastfeeding anymore, and replace it with formula and other foods.

This study shows that the role of the father associated with exclusive breastfeeding not only begins when the decision of breastfeed was made, but includes practices that support from pregnancy, childbirth, breastfeeding until the process begins.

Being able carry out such a role, fathers still faced many barriers. Barriers include the quality of the couple relationship, the characteristics of the father's domain task, father burden as wage earner, and father's knowledge.¹⁶ Lack of access to information about exclusive breastfeeding and how to support these practices.¹⁴ Family's member as the closest person have the opportunity to influence father's practice in supporting exclusive breastfeeding.

Besides father's role to support, other support from grandmother and peer, support from health profesional and non-working mother also have significant association, as shows in Table 5. Family and supportive environment to support exclusive breastfeeding lead father performing such supporting roles.

Table 5. Bivariate analysis between exclusive breastfeeding and others variabel

Variables	Value	Asymp. Sig (2-sided)
Father's role	20.925	0.000
Medical support	4.155 ^a	0.042
Grand mother and peer support	20.884 ^a	0.000
Information about exclusive breastfeeding	3.665 ^a	0.056
Mother's occupation	3.879 ^a	0.049
Characteristic of family	1.318 ^a	0.251

Beside that, health professionals also have an important role to provide information to the father, especially about the practice of breastfeeding, how to support breastfeeding mothers and handling problems in breastfeeding, so can help mothers to successfully give exclusive breastfeeding (Table 5). Non-working mother does have a better chance successfully give exclusive breastfeeding. In conclusion, so that father being able to carry out such roles that support exclusive breastfeeding practice, required good support from family, health facilities and health profesional, as well as local cultural environment.

4. Conclusion

Father's role were significantly associated with exclusive breastfeeding practices. That role involved role of seeking information about breastfeeding, involvement in decision making to feed children, engaged in labor, have a positive attitude in marriage, and involved in various activities of child care. Support health profesional, grandmother and peer support, and mother's occupation is also associated with the exclusive breastfeeding practice and could be a confounding variable in this relationship.

Then this should be as consideration in implementing the government's program to improve exclusive breastfeeding practice by involving fathers.

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